

Agency Name (Contractor) (Check will be made payable to the party listed below)	Contract Number
Mailing Address	Invoice Number(s)

Manufacturer	Manufacturer Invoice #	Item	Does Item Appear on Approved Budget Page? (Y/N)	Cost	Qty.	Ext.
		Subtotal		\$		
		Tax		\$		
		Total		\$		

The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with Paragraph 3 and the time period listed in Paragraph 2 or any approved extension.

Program Director Signature	Print Name and Title	Telephone Number	Date Signed
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SUBMIT ALL FORMS AND INVOICES IN TRIPLICATE